Note: This is sample template it is not an OMB approved form.

Universal 911 Dialing-Second Transition Report

Please	ead instructions before completing
Section	1
	dentification information
	Company Name [LAHOMA WESTERN TELEPHONE COMPANY]
	LANOMA WESTERN RELEFTIONE CONFRANT
	Provider Name
	LAHOMA WESTERN TELEPHONE COMPANY
	ny Address. City, State, Zip 2 EAST CHOCTAW
CLAYTO	N, OK 74536
	·
Service	Provider Type x Wireless D Wireline
Name(:	of Wireless License Holder(s)
OKLAH	IMA WESTERN TELEPHONE COMPANY
Contac	Name ULINE VAN HORN
Contac	
(918)56	-411]
Fax # (918)56	-4121
E-mail /	ddress n@pisp.net
Section	
	ea 911 Implementation
List all in	divdual local areas covered by this report (e.g., Lee County, Virginia):
	COUNTY, OKLAHOMA
_	COUNTY, OKLAHOMA TAHA COUNTY, OKLAHOMA
_	COUNTY, OKLAHOMA

For each area listed above, identify the emergency response point to which calls are now being routed. At present all Wireless 911 calls are being directed to Clayton City Hall in Clayton. Oklahama
·
Section 3 Certific tilon - To be signed by an authorized representative of the reporting entity
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to he best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of <u>\$\frac{5}{2}\$</u> : ptember 11, 2002.
Signatue Vandaer
Printed name of authorized representative Pauline Van Horn
Title Chairman .
Date 9/25/02
This filling is: a original filling arevised filling
PERSON - MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNIT ED STATES CODE, 18 U.S.C. §1001.